

# interRAI Contact Assessment (CA)© Canadian Version

## Screening Level Assessment for Emergency Department and Intake from Community/ Hospital

(CODE FOR LAST 24 HOURS  
UNLESS OTHERWISE SPECIFIED)

Addressograph

Section A. COMMON DEMOGRAPHIC INFORMATION

<b>1 NAME</b>		<b>6 FACILITY/ AGENCY IDENTIFIER</b>	<input type="text"/>
a.Last/Family		<b>7 PRIMARY LANGUAGE</b>	eng-English    fre-French <small>(See manual for additional codes)</small> <input type="text"/>
b.First Name		<b>8 INTERPRETER NEEDED</b>	0. No 1. Yes <input type="checkbox"/>
c.Middle Name/Initial		<b>9 REASONS FOR REFERRAL/ PRESENTATION</b>	<input type="text"/>
<b>2 SEX</b>	M. Male    F. Female <input type="checkbox"/>	<b>10 ASSESSMENT ADMINISTRATION</b>	a. Location of intake or screen: 1. Community: 2. Hospital inpatient: 3. Emergency department: 4. Other: <input type="checkbox"/>
<b>3 BIRTH DATE</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year    Month    Day	b. Assessment module: 1. Community or Hospital Intake -> Go to <b>Section B(page 2)-                      Community or                      Hospital Intake</b> 2. Emergency Department Screen -> Go to <b>Section B(page 5)-                      Emergency                      Department Screen</b>	
<b>4 NUMERIC IDENTIFIERS</b>			
a.Health card number		<input type="text"/>	
b.Province or territory issuing health card number		<input type="text"/>	
c.Case record number		<input type="text"/>	
<b>5 PROVINCE OR TERRITORY ISSUING HEALTH CARD NUMBER</b>			
a.Province or territory		<input type="text"/>	
b.Postal code of usual living arrangement		<input type="text"/>	

INTAKE FROM COMMUNITY OR HOSPITAL		Section C. PRELIMINARY SCREENER	
Section B. INTAKE AND INITIAL HISTORY			
1 ASSESSMENT REFERENCE DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year      Month      Day	1 COGNITIVE SKILLS FOR DAILY DECISION MAKING	Making decisions regarding tasks of daily living - e.g. when to get up or have meals, which clothes to wear or activities to do 0. Independent or set-up help only 1. Supervision or any impairment
2 REFERRAL DETAILS	a. Treatments ordered to be initiated: 0. Not needed      3. 24 to <48 hours 1. 72 or more hours      4. 12 to <24 hours 2. 48 to <72 hours      5. Less than 12 hours a. Administration of medication (other than IV) b. Indwelling catheter c. IV therapy d. Oxygen therapy e. Wound care f. Other (specify)	2 ADL SELF PERFORMANCE	Most dependent episode over last 24 hours. If ADL did not occur in last 24 hours, code the most recent occurrence 0. Independent or set-up help only 1. Supervision or any physical assistance  a. Bathing—How takes full-body bath/shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area—EXCLUDE WASHING OF BACK AND HAIR.  b. Personal hygiene—How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands—EXCLUDE BATHS AND SHOWERS.  c. Dressing lower body—How dresses and undresses (street clothes, underwear) from the waist down, including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc.  d. Locomotion—How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair.
	b. Referral to initiate or continue rehabilitation services 0. No 1. Yes c. Referral to initiate or continue palliative services 0. No 1. Yes	3 DYSPNEA (shortness of breath)	0. Absence of symptom 1. Absent at rest, but present when performed moderate activities 2. Absent at rest, but present when performed normal day-to-day activities 3. Present at rest
3 EXPECTED LIVING ARRANGEMENT DURING SERVICE PROVISION	1. Alone 2. With spouse/partner only 3. With spouse/partner and other(s) 4. With child (not spouse/partner) 5. With parent(s) or guardian(s) 6. With sibling(s) 7. With other relative(s) 8. With non-relative(s)	4 SELF REPORTED HEALTH	Ask: "In general, how would you rate your health?" 0. Excellent 1. Good 2. Fair 3. Poor 8. Could not (would not) respond
4 EXPECTED RESIDENTIAL/LIVING STATUS DURING SERVICE PROVISION	1. Private home/apartment/rented room 2. Board and care 3. Assisted living or semi-independent living 4. Mental health residence (e.g. psychiatric group home) 5. Group home for persons with physical disability 6. Setting for persons with intellectual disability 7. Psychiatric hospital or unit 8. Homeless (with or without shelter) 9. Residential care facility (e.g. long-term care, nursing home) 10. Rehabilitation hospital/unit 11. Continuing care hospital/unit 12. Hospice facility/palliative care unit 13. Acute care hospital 14. Correctional facility 15. Other	5 INSTABILITY OF CONDITIONS	0. No 1. Yes a. Conditions/diseases make cognitive, ADL, mood or behaviour patterns unstable (fluctuating, precarious or deteriorating) b. Experiencing an acute episode or a flare-up of a recurrent or chronic problem
		Note: if <u>any</u> of C1 = 1 C2a = 1 C2 (b-d) = 1 or 8 C3 = 2 or 3 C4 = 3 or 8 C5 (a or b) = 1 complete sections D and E; otherwise go to C6.	
		6 HOME CARE SERVICES MAY BE REQUIRED FOR THIS PERSON	0. No -> go to E10 1. Yes -> complete sections D and E

Section D. CLINICAL EVALUATION		6 DISEASE DIAGNOSES	
1 CHANGE IN DECISION MAKING AS COMPARED TO 90 DAYS AGO (OR SINCE LAST ASSESSMENT)	0. Improved 1. No Change 2. Declined 8. Uncertain	Disease code 1. Primary diagnosis/diagnoses for current referral 2. Diagnosis present, receiving active treatment 3. Diagnosis present, monitored but no active treatment	Disease code b1. <input type="text"/> b2. <input type="text"/> b3. <input type="text"/> b4. <input type="text"/> b5. <input type="text"/>
2 ABILITY TO UNDERSTAND OTHERS (Comprehension)	<i>Understanding verbal information content (however able; with hearing appliance normally used)</i> 0. Understands—Clear comprehension 1. Usually understands—Misses some part/intent of message BUT comprehends most conversation 2. Often understands—Misses some part/intent of message BUT with repetition or explanation can often comprehend conversation 3. Sometimes understands—Responds adequately to simple, direct communication only 4. Rarely or never understands	ICD-10-CA code c1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Disease code d1. <input type="text"/> d2. <input type="text"/> d3. <input type="text"/> d4. <input type="text"/> d5. <input type="text"/>
3 SELF REPORTED MOOD	Ask "In the last 3 days, have you felt sad, depressed or hopeless?" 0. No 1. Yes 8. Could not (would not) respond		
4 ADL CAPACITY	Code for CAPACITY based on presumed ability to carry out activity as independently as possible. This will require speculation by the assessor. 0. Independent or set-up help only 1. Supervision or any assistance during task  a. Meal preparation—How meals are prepared (e.g. planning meals, assembling ingredients, cooking, setting out food and utensils) b. Ordinary housework—How ordinary work around the house is performed (e.g. doing dishes, dusting, making bed, tidying up, laundry) c. Managing medications—How medications are managed (e.g. remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments) d. Stairs—How full flight of stairs is managed (12 to 14 stairs)	7 FALLS 0. No fall in last 90 days 1. 1 or more falls in last 90 days	
5 CHANGE IN ADL STATUS AS COMPARED TO 90 DAYS AGO, OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS AGO	0. Improved 1. No Change 2. Declined 8. Uncertain	8 PROBLEM FREQUENCY Code for presence in last 3 days 0. Not present 1. Present but not exhibited in last 3 days 2. Exhibited on 1 of last 3 days 3. Exhibited on 2 of last 3 days 4. Exhibited daily in last 3 days a. Dizziness b. Chest pain c. Peripheral edema	
		9 PAIN SYMPTOMS (Note: Always ask the person about pain frequency, intensity and control. Observe person and ask others who are in contact with the person.) a. Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched or other non-verbal signs suggesting pain) 0. No pain 1. Present but not exhibited in last 3 days 2. Exhibited on 1–2 of last 3 days 3. Exhibited daily in last 3 days b. Intensity of highest level of pain present 0. No pain 1. Mild 2. Moderate 3. Severe 4. Times when pain is horrible or excruciating	
		10 SMOKES TOBACCO DAILY 0. No 1. Not in last 3 days, but is usually a daily smoker 2. Yes	
		11 NUTRITIONAL ISSUES a. In LAST 3 DAYS, noticeable decrease in the amount of food usually eaten or fluids usually consumed 0. No 1. Yes b. Weight loss of 5% or more in LAST 30 DAYS or 10% or more in LAST 180 DAYS 0. No 1. Yes c. Special diet 0. No 1. Yes	

INTAKE FROM COMMUNITY OR HOSPITAL (cont'd)		5 ASSESSMENT URGENCY	
Section D. CLINICAL EVALUATION (cont'd)		Urgency for comprehensive, face-to-face assessment 0. Not required 1. More than 14 days 2. 8 to 14 days 3. 4 to 7 days 4. 1 to 3 days 5. Same day	
12 PRESSURE ULCER	0. No pressure ulcer 1. Any area of persistent skin redness 2. Any break in skin integrity (e.g. partial loss of skin layers, deep craters in the skin, breaks in skin exposing muscle or bone, necrotic eschar predominant)		
13 MAJOR SKIN PROBLEMS	E.g. lesions, 2nd or 3rd degree burns, healing surgical wounds 0. No 1. Yes		
14 TRAUMATIC INJURY	E.g. fracture, major physical injury resulting from assault or motor vehicle accident 0. No 1. Yes		
15 TREATMENTS	<i>Treatments received or scheduled in LAST 3 DAYS</i> 0. Not ordered AND did not occur 1. Ordered, not implemented 2. 1-2 of last 3 days 3. Daily in last 3 days a. Indwelling catheter b. IV therapy c. Oxygen therapy d. Wound care		
16 TIME SINCE LAST HOSPITAL STAY	<i>Code for most recent instance in LAST 90 DAYS</i> 0. No hospitalization within 90 days 1. 31 to 90 days ago 2. 15 to 30 days ago 3. 8 to 14 days ago 4. In last 7 days 5. Now in hospital		
17 EMERGENCY DEPARTMENT USE	Code for number of times during the LAST 90 DAYS (not counting overnight hospital stay)		
18 SURGERY IN LAST 90 DAYS	0. No 1. Yes		
19 TWO KEY INFORMAL HELPERS	a. Relationship to person 1. Child or child-in-law 2. Spouse 3. Partner/significant other 4. Parent/guardian 5. Sibling 6. Other relative 7. Friend 8. Neighbour 9. No informal helper b. Lives with person 0. No 1. Yes, 6 months or less 2. Yes, more than 6 months 8. No informal helper		
20 INFORMAL HELPER STATUS	0. No 1. Yes a. Primary informal helper expresses feelings of distress, anger or depression b. Family or close friends report feeling overwhelmed by person's illness		
SECTION E. SUMMARY		6 URGENCY OF NEEDED SERVICES	
1 ALGORITHM SCORES	Record the computer-generated scores for each of the following. a. Assessment Urgency b. Service Urgency c. Rehabilitation	0. Not needed 1. 72 or more hours 2. 48 to <72 hours 3. 24 to <48 hours 4. 12 to <24 hours 5. Less than 12 hours a. Nursing b. Personal support/homemaking c. Physiotherapy d. Occupational therapy e. Dietitian services f. Lab services, equipment and medical supplies g. Placement services h. Social work i. Speech language therapy j. Other (specify)	
2 HOME CARE SERVICES REQUIRED FOR THIS PERSON	0. No 1. Yes If no, go to E7		
3 EXPECTED LENGTH OF STAY	0. 0 to 14 days 1. 15 to 60 days 2. 61 or more days		
4 REQUIRES SHORT-TERM SERVICES	0. No 1. Yes		
			7 CLIENT GROUP
			8 TYPE OF COMMUNICATION AT INTAKE
			9 SOURCES OF INFORMATION USED TO COMPLETE interRAI-CA
			10 SIGNATURE OF PERSON COORDINATING/COMPLETING THE ASSESSMENT
			END OF COMMUNITY OR HOSPITAL INTAKE MODULE